

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90546 048 ****61.25

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04122005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000006182					
1. Entity Name CAROLINA LANDINGS AT UNIVERSITY PLACE CONDOMINIUM C ASSOCIATION, INC.					
Principal Place of Business ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237			Mailing Address ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237		
2. Principal Place of Business 9031 Town Center Pkwy Suite, Apt. #, etc.		3. Mailing Address 9031 Town Center Pkwy Suite, Apt. #, etc.			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 20-1700403	
Zip 34202	Country USA	Zip 34202	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANCILLA, JOSEPH 3111 STIRLING RD. FT. LAUDERDALE, FL 33322			7. Name and Address of New Registered Agent Name: ADVANCED MANAGEMENT, INC. Street Address (P.O. Box or Mailing Address): ONE SOUTH WEST FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 City: FL Zip Code:		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 4.15.05					
Filing Fee is \$61.25 Due by May 1, 2005.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, SCOTT D ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Chandrakant Shah 9031 Town Center Pkwy. Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEHUE, RONDA L ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Alan Pink 9031 Town Center Pkwy. Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGWELL, LISA ONE SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Aaron Sandler 9031 Town Center Pkwy. Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: BARBARA A. ANGELUCCI, PRESIDENT DATE: 4-15-06 DAYTIME PHONE #: 941-351-1359					